

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

1	ADD/ADHD			
	Stimulants and Related Agents	Amphetamine Mixed Salt	Amphetamine Mixed Salt ER (generic only)	
		Amphetamine Mixed Salt ER (Adderall XR® - Brand only)	Armodafinil (Nuvigil®)	
		Dexamethylphenidate	Atomoxetine (Strattera®)	
		Dexamethylphenidate (Focalin ®)	Dextroamphetamine (Procentra®)	
		Dexamethylphenidate ER (Focalin XR®)	Modafinil (Provigil®)	
		Dextroamphetamine	Methamphetamine (Desoxyn®)	
		Guanfacine ER (Intuniv®)	Methylphenidate LA (Ritalin LA®)	
		Lisdexamfetamine (Vyvanse®)		
		Methylphenidate		
		Methylphenidate ER		
		Methylphenidate ER (Concerta®, Metadate CD®)		
		Methylphenidate Transdermal (Daytrana Transdermal®)		
2	ALLERGY			
	Antihistamines - Minimally Sedating	Cetirizine (Generic)	Acrivastin/Pseudoephedrine (Semprex-D®)	
		Cetirizine Chewable (Generic)	Desloratadine (Clarinetx®)	
		Cetirizine-D (Generic)	Desloratadine Syrup (Clarinetx®)	
		Cetirizine Syrup OTC	Desloratadine/Pseudoephedrine (Clarinetx-D®)	
		Cetirizine Syrup Rx	Fexofenadine	
		Loratadine (Generic)	Fexofenadine-D 12-hour (Generic)	
		Loratadine-D (Generic)	Fexofenadine ODT(Allegra ODT®)	
		Loratadine Syrup (Generic)	Fexofenadine/Pseudoephedrine (Allegra-D 12-hour®)	
			Fexofenadine/Pseudoephedrine (Allegra-D 24-hour®)	
			Fexofenadine Syrup (Allegra Syrup®)	
			Levocetirizine (Xyzal®)	
			Levocetirizine Syrup (Xyzal®)	
			Loratadine Chewable OTC - (Claritin®)	

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

	Rhinitis Agents, Nasal	Azelastine (Astelin®)	Beclomethasone AQ (Beconase AQ®)
		Azelastine (Astepro®)	Budesonide Aqua (Rhinocort Aqua®)
		Mometasone (Nasonex®)	Ciclesolide (Omnanis®)
			Flunisolide (Nasarel®)
			Flunisolide
			Fluticasone
			Fluticasone Furoate (Veramyst®)
			Ipratropium Nasal
			Olopatadine HCL (Patanase®)
			Triamcinolone (Nasacort AQ®)
3	ALZHEIMER'S		
	Alzheimer's Agents	Donepezil (Aricept®)	Galantamine
	Cholinesterase Inhibitors	Donepezil (Aricept ODT®)	Galantamine ER
		Memantine HCl (Namenda®)	Rivastigmine Oral Solution (Exelon Solution®)
		Rivastigmine Oral (Exelon®)	Tacrine (Cognex®)
		Rivastigmine Transdermal Patch (Exelon Transdermal®)	
4	ANTIPSYCHOTIC AGENTS	ORAL	
	Antipsychotic Agents	Amitriptyline/Perphenazine	Aripiprazole (Abilify®)
		Chlorpromazine	Asenapine sublingual (Saphris)
		Clozapine (Fazacl®)	Clozapine
		Fluphenazine	Olanzapine/Fluoxetine (Symbyax®)
		Haloperidol	Olanzapine (Zyprexa®)
		Molindone (Moban®)	Paliperidone ER (Invega®)
		Perphenazine	
		Quetiapine (Seroquel®)	
		Quetiapine ER (Seroquel XR®)	
		Risperidone	
		Thioridazine	
		Thiothixene	
		Trifluoperazine	
		Ziprasidone (Geodon®)	

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

	Antipsychotic Agents , cont.	<u>INJECTIONS</u>		
		Fluphenazine Decanoate	Olanzapine (Zyprexa®)	
		Haloperidol Decanoate	Paliperidone Palmitate (Invega Sustenna®)	
		Ziprasidone (Geodon®)	Risperidone (Risperdal Consta®)	
5	ASTHMA/COPD			
	Bronchodilator, Beta-Adrenergic Agents			
		<u>INHALATION</u>		
		Albuterol Sulfate Nebulizer	Albuterol Sulfate HFA MDI (Proventil HFA®)	
		Albuterol Sulfate HFA (ProAir HFA®)	Albuterol Sulfate Nebulizer Low-Dose	
		Albuterol Sulfate HFA MDI (Ventolin HFA®)	Arformoterol Inhalation Solution (Brovana Inhalation Solution®)	
		Formoterol DPI (Foradil®)	Formoterol Inhalation Solution (Perforomist Inhalation Solution®)	
		Levalbuterol Nebulizer HCL (Xopenex®)	Levalbuterol HFA (Xopenex HFA®)	
		Salmeterol Xinafoate (Serevent Diskus®)	Pirbuterol (Maxair Autohaler®)	
		<u>ORAL</u>		
		Albuterol Sulfate	Metaproterenol Sulfate	
		Albuterol Sulfate ER		
		Terbutaline Sulfate		
	Bronchodilator, Anticholinergics	<u>INHALATION</u>		
		Albuterol Sulfate/Ipratropium MDI (Combivent®)	Albuterol Sulfate/Ipratropium Nebulizer	
		Ipratropium Nebulizer		
		Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)		
		Tiotropium Inhalation Powder (Spiriva®)		

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

	Corticosteroids, Inhalation	Beclomethasone MDI (QVAR®)	Budesonide DPI (Pulmicort Flexhaler®)
		Budesonide/Formoterol MDI (Symbicort®)	Budesonide Respules - 9 years old and over
		Budesonide Respules - 8 years old and under	Budesonide Respules (Pulmicort - Respules®) - 9 years old and over
		Budesonide Respules (Pulmicort - Respules®) - 8 years old and under	Ciclesonide (Alvesco®)
		Flunisolide MDI (Aerobid®)	Mometasone DPI (Asmanex®)
		Flunisolide MDI (Aerobid M®)	
		Fluticasone MDI (Flovent®)	
		Fluticasone MDI (Flovent HFA Inhaler®)	
		Triamcinolone MDI (Azmacort®)	
		Fluticasone/Salmeterol DPI (Advair Diskus®)	
		Fluticasone/Salmeterol MDI (Advair HFA®)	
	Leukotriene Modifiers	Montelukast (Singulair®)	Zileuton CR (Zyflo CR®)
		Zafirlukast (Accolate®)	
6	DEPRESSION		
	Antidepressants, Other	Bupropion HCl IR	Bupropion HBr ER (Aplenzin®)
		Bupropion HCl SR	Bupropion HCl XL
		Mirtazapine	Bupropion HCl XL (Wellbutrin XL®)
		Trazodone	Desvenlafaxine (Pristiq®)
		Venlafaxine ER	Duloxetine (Cymbalta®)
			Nefazodone
			Selegiline Patch (Emsam®)
			Venlafaxine
			Venlafaxine ER (Effexor XR® - brand only)
	Selective Serotonin	Citalopram	Fluvoxamine CR (Luvox CR®)
	Reuptake Inhibitors (SSRIs)	Escitalopram (Lexapro®)	Fluoxetine ER (Prozac Weekly®)
		Fluoxetine	Paroxetine CR
		Fluvoxamine	Paroxetine Mesylate (Pexeva®)
		Paroxetine	
		Sertraline	

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

7	DERMATOLOGY			
	Antifungals - Topical	Ciclopirox Shampoo (Loprox®)	Butenafine (Mentax®)	
		Clotrimazole Rx	Ciclopirox (CNL8®)	
		Clotrimazole/Betamethasone	Ciclopirox Cream	
		Ketoconazole Cream	Ciclopirox Gel	
		Ketoconazole Shampoo (Rx only)	Ciclopirox Solution	
		Naftifine (Naftin®)	Ciclopirox Suspension	
		Nystatin	Econazole	
		Nystatin w/ Triamcinolone	Ketoconazole Foam (Extina Foam®)	
		Oxiconazole (Oxistat®)	Ketoconazole (Xolegel®)	
			Miconazole/zinc oxide/white petrolatum (Vusion®)	
			Sertaconazole Nitrate (Ertaczo®)	
	Antiparasitic Agents, Topical	Benzyl Alcohol (Ulesfia®)	Lindane	
		Crotamiton (Eurax®)	Malathion (generic only)	
		Malathion (Ovide® - Brand only)		
		Permethrin		
	Antiviral Agents, Topical	Penciclovir Cream (Denavir®)	Acyclovir Cream (Zovirax®)	
			Acyclovir Ointment (Zovirax®)	
	Atopic Dermatitis	Pimecrolimus (Elidel®)	NONE	
	Immunomodulators	Tacrolimus (Protopic®)		
	Impetigo Agents, Topical	Mupirocin Ointment	Mupirocin Cream (Bactroban®)	
			Retapamulin (Altabax®)	

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

	STEROIDS, TOPICAL			
	Low Potency	Alclometasone Dipropionate	Desonide (Verdeso®)	
		Desonide	Desonide (Desonate®)	
		Fluocinolone Acetonide (Derma-Smoothe-FS®)	Hydrocortisone 2% Lotion (Pediaderm HC®)	
		Fluocinolone Acetonide Shampoo (Capex®)		
		Hydrocortisone		
	Medium Potency	Fluocinolone Acetonide	Clocortolone Pivalate (Cloderm®)	
		Fluticasone Propionate	Flurandrenolide Tape (Cordran Tape®)	
		Fluticasone Propionate Lotion (Cutivate Lotion®)	Hydrocortisone Butyrate (Locoid Lipocream®)	
		Betamethasone Valerate (Luxiq®)	Mometasone Furoate 0.1% Cream (Momexin®)	
		Hydrocortisone Butyrate		
		Hydrocortisone Valerate		
		Mometasone Furoate		
		Prednicarbate		
	High Potency	Amcinonide	Desoximetasone	
		Betamethasone Dipropionate	Diflorasone Diacetate	
		Betamethasone Valerate	Fluocinonide (Vanos®)	
		Fluocinonide	Halcinonide (Halog®)	
		Fluocinonide-E		
		Fluocinonide Emollient		
		Triamcinolone Acetonide		
	Very High Potency	Clobetasol Emollient	Clobetasol Propionate (Clobex®)	
		Clobetasol Propionate	Clobetasol Propionate (Olux-Olux-E Pack®)	
		Halobetasol Propionate	Clobetasol Propionate (Olux-E®)	
8	DIABETES			
	Hypoglycemics, Meglitinides	Repaglinide (Prandin®)	Nateglinide	
			Nateglinide (Starlix®)	
			Repaglinide/Metformin (Prandimet®)	

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

	Hypoglycemics, Thiazolidinediones (TZDs)	Pioglitazone (Actos®)	None	
		Pioglitazone/Glimeperide (Duetact®)		
		Pioglitazone/Metformin (Actoplus Met®)		
		Rosiglitazone (Avandia®)		
		Rosiglitazone/Glimepiride (Avandaryl®)		
		Rosiglitazone/Metformin (Avandamet®)		
	Hypoglycemics	Human Insulin & Pens (Humulin®)	Human Insulin & Pens (Novolin®)	
	Insulins & Related Agents	Insulin Detemir & Pens (Levemir®)	Insulin Aspart & Pens (Novolog®)	
		Insulin Glargine & Pens (Lantus®)	Insulin Aspart/Insulin Aspart Protamine & Pens (Novolog Mix 70/30®)	
		Insulin Lispro & Pens (Humalog®)	Insulin Glulisine & Pens (Apidra®)	
		Insulin Lispro/Protamine Lispro & Pens (Humalog Mix®)		
	Hypoglycemics	Exenatide (Byetta, Pens®)	NONE	
	Incretin Mimetics/Enhancers	Pramlintide (Symlin®)		
		Pramlintide Pens (Symlin Pens®)		
		Saxagliptin (Onglyza®)		
		Sitagliptin (Januvia®)		
		Sitagliptin/Metformin (Janumet®)		
9	DIGESTIVE DISORDERS			
	Antiemetic Agents	Dronabinol (Marinol® - Brand only)	Aprepitant (Emend®)	
		Ondansetron / Ondansetron ODT	Dolasetron (Anzemet®)	
			Dronabinol (generic only)	
			Granisetron	
			Granisetron Transdermal (Sancuso®)	
			Nabilone (Cesamet®)	

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

	GERD AND RELATED DISORDERS			
	Proton Pump Inhibitors	Esomeprazole (Nexium®)	Dexlansoprazole (Dexilant®)	
		Omeprazole (Legend only)	Esomeprazole Suspension (Nexium®)	
			Lansoprazole - generic	
			Lansoprazole Capsule (Prevacid®)	
			Lansoprazole Solutabs (Prevacid®)	
			Omeprazole Suspension (Prilosec®)	
			Pantoprazole	
			Pantoprazole Suspension (Protonix®)	
			Rabeprazole (Aciphex®)	
	Pancreatic Enzymes	Dygase	Pancrecarb MS	
		Lapase	Ultrase	
		Pancrelipase		
		Viokase		
		Pancrease MT		
		Creon		
		Pancrelipase (Zenpep®)		
9	DIGESTIVE DISORDERS			
	ULCERATIVE COLITIS			
	Ulcerative Colitis Agents	Balsalazide	Mesalamine ER Oral (Apriso®)	
		Mesalamine Enemas	Sulfite-free Mesalamine Suspension Enema (SF Rowasa®)	
		Mesalamine (Asacol®)	Mesalamine MMX (Lialda®)	
		Mesalamine Suppositories (Canasa®)	Mesalamine Oral (Pentasa®)	
		Sulfasalazine	Olsalazine Oral (Dipentum®)	
10	GROWTH DEFICIENCY			
	Growth Hormones	Somatropin (Genotropin®)	Somatropin (Humatrope®)	
		Somatropin (Norditropin®)	Somatropin (Omnitrope®)	
		Somatropin (Nutropin®)	Somatropin (Saizen®)	
		Somatropin (Nutropin AQ®)	Somatropin (Serostim®)	
			Somatropin (Tev-Tropin®)	
			Somatropin (Zorbtive®)	

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

11	Gout Agents			
	Antihyperuricemics	Allopurinol	Febuxostat (Uloric®)	
		Colchicine	Colchicine (Colcrys®)	
		Probenecid		
		Probenecid/Colchicine		
12	HEART DISEASE			
	HYPERLIPIDEMIA			
	Lipotropics, Other	Cholestyramine	Colesevelam (Welchol®)	
		Colestipol	Ezetimibe (Zetia®)	
		Fenofibrate (Antara®)	Fenofibrate (Fenoglide®)	
		Fenofibrate (Tricor®)	Fenofibrate (Generics)	
		Fenofibric Acid (Trilipix®)	Fenofibrate (Lipofen®)	
		Gemfibrozil	Fenofibrate (Triglide®)	
		Niacin ER (Niaspan®)	Fenofibric Acid (Generic)	
		Niacin IR (Niacor®)	Fenofibric Acid (Fibracor®)	
			Omega-3-acid ethyl esters (Lovaza®)	
	Statins & Statin Combination Agents	Atorvastatin (Lipitor®)	Amlodipine/Atorvastatin (Caduet®)	
		Fluvastatin (Lescol®)	Ezetimibe/Simvastatin (Vytorin®)	
		Fluvastatin XL (Lescol XL®)	Lovastatin ER (Altoprev®)	
		Lovastatin	Niacin ER/Lovastatin (Advicor®)	
		Niacin ER/Simvastatin (Simcor®)		
		Pravastatin		
		Rosuvastatin (Crestor®)		
		Simvastatin		

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

	HYPERTENSION			
	ACE Inhibitors & Direct Renin Inhibitors	Benazepril	Aliskiren (Tekturna®)	
		Benazepril/HCTZ	Aliskiren/HCTZ (Tekturna HCT®)	
		Captopril	Candesartan (Atacand®)	
		Captopril/HCTZ	Candesartan/HCTZ (Atacand HCT®)	
		Enalapril	Eprosartan (Teveten®)	
		Enalapril/HCTZ	Eprosartan/HCTZ (Teveten HCT®)	
		Fosinopril	Irbesartan (Avapro®)	
		Fosinopril/HCTZ	Irbesartan/HCTZ (Avalide®)	
		Lisinopril	Moexipril	
		Lisinopril/HCTZ	Moexipril/HCTZ	
		Losartan (Cozaar®)	Olmesartan (Benicar®)	
		Losartan/HCTZ (Hyzaar®)	Olmesartan/HCTZ (Benicar HCT®)	
		Quinapril	Perindopril (Aceon®)	
		Quinapril/HCTZ	Perindopril (Generic)	
		Ramipril (Altace®)		
		Telmisartan (Micardis®)		
		Telmisartan/HCTZ (Micardis HCT®)		
		Trandolapril		
		Valsartan (Diovan®)		
		Valsartan/HCTZ (Diovan HCT®)		
	Angiotensin Modulators/Calcium Channel Blockers Combination Products	Amlodipine/Benazepril - Generic only	Amlodipine/Telmisartan (Twnysta®)	
		Amlodipine/Benazepril (Lotrel®)		
		Amlodipine/Olmesartan (Azor®)		
		Amlodipine/Valsartan (Exforge®)		
		Amlodipine/Valsartan/HCTZ (Exforge HCT®)		
		Valsartan/Aliskiren (Valturna®)		
		Verapamil SR/Trandolapril (Tarka®)		

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

	Beta Adrenergic Receptor	Acebutolol	Betaxolol	
	Blocking Agents	Atenolol	Carvedilol CR (Coreg CR®)	
		Atenolol/Chlorthalidone		
		Bisoprolol		
		Bisoprolol/HCTZ		
		Carvedilol		
		Labetalol		
		Metoprolol		
		Metoprolol /HCTZ		
		Metoprolol Succinate ER		
		Metoprolol Succinate ER (Toprol XL®)		
		Nadolol		
		Nadolol/Bendroflumethiazide		
		Nebivolol (Bystolic®)		
		Penbutolol (Levatol®)		
		Pindolol		
		Propranolol		
		Propranolol ER (Innopran XL®)		
		Propranolol LA		
		Propranolol/HCTZ		
		Sotalol		
		Sotalol AF		
		Timolol Maleate		
	Calcium Channel Blockers	Amlodipine	Diltiazem ER (Cardizem LA®)	
		Diltiazem IR	Isradipine SR (Dynacirc CR®)	
		Diltiazem ER (Generics)	Nicardipine SR (Cardene SR®)	
		Diltiazem SR	Nisoldipine (Sular®)	
		Felodipine ER	Nisoldipine – Generics	
		Isradipine IR	Verapamil ER (Covera HS®)	
		Nicardipine	Verapamil ER PM	
		Nifedipine ER		
		Nifedipine IR		

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
	Calcium Channel Blockers cont.	Nimodipine		
		Verapamil		
		Verapamil ER (Generics)		
		Verapamil IR		
		Verapamil SR		
	PLATELET AGGREGATION INHIBITORS			
	Platelet Aggregation Inhibitors	Aspirin/Dipyridamole ER (Aggrenox®)	Prasugrel (Effient®)	
		Clopidogrel (Plavix®)	Ticlopidine	
		Dipyridamole		
	ANTICOAGULANTS, INJECTABLES			
	Anticoagulants, Injectable	Dalteparin (Fragmin®)	NONE	
		Enoxaparin (Lovenox®)		
		Fondaparinux (Arixtra®)		
	PULMONARY ARTERIAL HYPERTENSION (PAH)	Ambrisentan (Letairis®)	Tadalafil (Adcirca®)	
		Bosentan (Tracleer®)	Treprostinil (Tyvaso®)	
		Iloprost (Ventavis®)		
		Sildenafil (Revatio®)		
13	HEMATOLOGIC AGENTS			
	HEMATOPOIETIC AGENTS			
	Erythropoietins	Darbepoetin (Aranesp®)	Epoetin alfa (Epogen®)	
		Epoetin alfa (Procrit®)		
	Anticoagulants - refer to HEART DISEASE			
14	HEMODIALYSIS			
	Phosphate Binders	Calcium Acetate (PhosLo®)	Calcium Acetate (Generics)	
		Lanthanum (Fosrenol®)	Calcium Acetate (Eliphos®)	
		Sevelamer HCL (RenaGel®)	Sevelamer Carbonate (Renvela®)	

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

15	HORMONE THERAPY			
	Androgenic Agents	Testosterone Transdermal Patch (Androderm®) Testosterone Gel 1% (Androgel®)	Testosterone Gel 1% (Testim®)	
16	HYPERLIPEMIA - REFER TO HEART DISEASE			
17	IMMUNE DISORDERS - REFER TO MULTIPLE SCLEROSIS			
18	INFECTIOUS DISORDERS			
	ANTIBIOTICS	Amoxicillin/Clavulanate Tablets	Cefdinir	
	Cephalosporin and Related	Amoxicillin/Clavulanate Suspension	Cefpodoxime	
	Antibiotics	Amoxicillin/Clavulanate Susp (Augmentin®) Amoxicillin/Clavulanate ER (Augmentin XR®) Cefaclor Cefaclor ER Cefadroxil Cefditoren Pivoxil (Spectracef®) Cefixime (Suprax®) Cefprozil Ceftibuten (Cedax®) Cefuroxime Axetil Cephalexin		
	Fluoroquinolones	Ciprofloxacin Tablets Moxifloxacin (Avelox®)	Ciprofloxacin Suspension (Cipro Suspension®) Ciprofloxacin ER Ciprofloxacin ER (Proquin XR®) Gemifloxacin Mesylate (Factive®) Levofloxacin (Levaquin®) Norfloxacin (Noroxin®) Ofloxacin	

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

	Antibiotics, Gastrointestinal	Metronidazole	Metronidazole ER (Flagyl ER®)
		Neomycin	Rifaximin (Xifaxan®)
		Nitazoxanide (Alinia®)	
		Tinidazole (Tindamax®)	
		Vancomycin (Vancocin®)	
	Macrolides - Ketolides	Azithromycin	Azithromycin ER (Zmax®)
		Erythromycin Base	Clarithromycin
		Erythromycin Estolate	Clarithromycin ER
		Erythromycin Ethylsuccinate	Telithromycin (Ketek®)
		Erythromycin Stearate	
	Tetracyclines	Doxycycline	Demeclocycline
		Minocycline	Doxycycline Monohydrate (Nutridox®)
		Tetracycline	Doxycycline DR (Oracea®)
			Minocycline ER (Solodyn®)
	Vaginal	Clindamycin Vaginal Cream	NONE
		Clindamycin Vaginal Cream (Clindesse®)	
		Clindamycin Vaginal Ovules (Cleocin®)	
		Metronidazole Vaginal Gel Cream	
		Metronidazole Vaginal Gel (Vandazole®)	
	OPHTHALMIC ANTIBIOTICS - refer to Ophthalmic Disorders		
	OTIC ANTIBIOTICS - refer to OTIC Agents		
	ANTIFUNGALS		
	Antifungals, Oral	Fluconazole	Clotrimazole Troches
		Griseofulvin (Gris-Peg®)	Flucytosine (Ancobon®)

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

	Antifungals, Oral, Cont.	Griseofulvin Suspension	Griseofulvin Tablets (Grifulvin V®)
		Ketoconazole	Itraconazole
		Nystatin	Posaconazole (Noxafil®)
		Terbinafine (no granules)	Terbinafine Granules (Lamisil Granules®)
			Terbinafine Hydrochloride/Hydroxypropyl Chitosan (Terbinex Eco-Formula®)
			Voriconazole (VFEND®)
	HEPATITIS AGENTS		
	Hepatitis C Agents	Ribavirin	Consensus Interferon (Infergen®)
		Peginterferon alfa 2A (Pegasys®)	Peginterferon alfa 2B (Peg-Intron®)
			Peginterferon alfa 2B (Peg-Intron Redipen®)
19	MULTIPLE SCLEROSIS	Glatiramer (Copaxone®)	Interferon beta - 1b (Extavia®)
	Multiple Sclerosis Agents	Interferon beta - 1a (Avonex®)	
	(Immunomodulatory Agents)	Interferon beta - 1a (Rebif®)	
		Interferon beta - 1b (Betaseron®)	
20	OPHTHALMIC DISORDERS		
	Allergic Conjunctivitis	Loteprednol (Alrex®)	Azelastine Hydrochloride (Optivar®)
		Olopatadine HCl (Pataday®)	Bepotastine Besilate (Bepreve®)
		Olopatadine HCl (Patanol®)	Cromolyn Sodium
			Emedastine Difumarate (Emadine®)
			Epinastine HCl (Elestat®)
			Ketorolac Tromethamine (Acular®)
			Ketotifen Fumarate
			Lodoxamine Tromethamine (Alomide®)
			Nedocromil Sodium (Alocril®)
			Pemirolast Potassium (Alamast®)

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

	Glaucoma Agents			
	Intraocular Pressure (IOP)	Betaxolol	Bimatroprost (Lumigan®)	
	Reducers	Betaxolol (Betoptic S®)	Dorzolamide (generic only)	
		Brimonidine Tartrate (Alphagan P®)	Dorzolamide/Timolol (generic only)	
		Brimonidine Tartrate		
		Brimonidine/Timolol (Combigan®)		
		Brinzolamide (Azopt®)		
		Carteolol		
		Dipivefrin (Propine®)		
		Dorzolamide (Trusopt® - Brand only)		
		Dorzolamide/Timolol (Cosopt® - Brand only)		
		Latanoprost (Xalatan®)		
		Levobunolol		
		Metipranolol		
		Pilocarpine		
		Timolol (Betimol®)		
		Timolol Maleate		
		Timolol LA (Istalol®)		
		Travoprost (Travatan, Travantan Z®)		
	Ophthalmics, Antibiotic	Bacitracin/Polymyxin	Azithromycin 1% (AzaSite®)	
		Erythromycin	Besifloxacin (Besivance®)	
		Gentamicin	Ciprofloxacin Ointment (Ciloxan®)	
		Moxifloxacin (Vigamox®)	Ciprofloxacin Solution	
		Neomycin-Polmyxin-Gramacidin	Gatifloxacin (Zymar®)	
		Tobramycin (Tobrex®)	Levofloxacin (Iquix®)	
		Triple Antibiotic	Levofloxacin (Quixin®)	
			Natamycin (Natacyn®)	
			Ofloxacin Solution	
	Ophthalmics, Anti-Inflammatories	Dexamethasone (Maxidex®)	Bromfenac (Xibrom®)	
		Dexamethasone Sodium Phosphate	Difluprednate (Durezol®)	
		Diclofenac	Fluocinolone (Retisert®)	

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

	Ophthalmics, Anti-Inflammatories cont.	Fluorometholone	Ketorolac (Acular LS®)
		Fluorometholone (Flarex®)	Ketorolac PF (Acular PF®)
		Fluorometholone (FML Forte®)	Ketorolac Tromethamine (Acuvail®)
		Fluorometholone (FML S.O.P.®)	Nepafenac (Nevanac®)
		Flurbiprofen	Rimexolone (Vexol®)
		Loteprednol (Lotemax®)	Tramisolone Acetonide (Triesence®)
		Prednisolone Acetate (Prep Mild®)	
21	OTIC AGENTS		
	Otic Antibiotics	Ciprofloxacin/Dexamethasone (Ciprodex OTIC®)	Ciprofloxacin (Cetraxal Otic)
		Neomycin/Colistin/Thonzonium/HC (Coly-Mycin S®)	Ciprofloxacin/Hydrocortisone (Cipro HC OTIC®)
		Neomycin/Colistin/Thonzonium/HC (Cortisporin TC®)	
		Neomycin/Polymyxin/HC	
		Ofloxacin - Generics	
		Ofloxacin (Floxin®)	
22	OSTEOPOROSIS		
	Bone Resorption Suppression Agents	Alendronate Sodium	Alendronate Solution (Fosamax Solution®)
		Calcitonin - Salmon Nasal (generic)	Alendronate/Vit D (Fosamax Plus D®)
		Calcitonin-Salmon Nasal (Miacalcin®)	Calcitonin-Salmon Nasal (Fortical®)
		Ibandronate Sodium (Boniva®)	Etidronate Disodium
		Risedronate (Actonel®)	Raloxifene (Evista®)
			Risedronate/Calcium (Actonel with Calcium®)
			Teriparatide Subcutaneous (Forteo®)
23	PAIN MANAGEMENT		
	Analgesics/Anesthetic, Topical	Diclofenac Sodium Gel (Voltaren®)	Diclofenac Epolamine Patch (Flector®)
		Lidocaine Patch (Lidoderm®)	
	Analgesics, Narcotics Short Acting	Acetaminophen w/Codeine	Acetaminophen/Caffeine/Dihydrocodeine Bitartrate (Panlor DC®)
		Butalbital Compound with Codeine	Fentanyl Citrate Buccal - Generics
		Codeine Phosphate	Fentanyl Buccal (Fentora®)

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

	Analgesics, Narcotics Short Acting, cont.	Codeine Sulfate	Fentanyl Buccal (Onsolis®)
		Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generics)	Hydrocodone/Acetaminophen (Zamiset®)
		Hydrocodone/Acetaminophen	Hydrocodone/Ibuprofen (Ibudone®)
		Hydrocodone/Ibuprofen	Hydromorphone Liquid (Dilaudid®)
		Hydrocodone/Ibuprofen (Reprexain®)	Opium Tincture
		Hydromorphone	Oxymorphone (Numorphan®)
		Meperidine HCL	Oxymorphone IR (Opana®)
		Morphine Sulfate IR	Propoxyphene Napsylate (Darvon-N®)
		Oxycodone	Tapentadol (Nucynta®)
		Oxycodone/Acetaminophen	
		Oxycodone w/Aspirin	
		Oxycodone/Ibuprofen	
		Pentazocine/Acetaminophen	
		Pentazocine/Naloxone	
		Propoxyphene	
		Propoxyphene w/APAP	
		Propoxyphene Napsylate w/APAP	
		Tramadol	
		Tramadol/Acetaminophen	
23	Analgesics, Narcotics Long Acting	Fentanyl Transdermal (Generic only)	Fentanyl Transdermal (Duragesic Matrix)
		Methadone HCL	Fentanyl Transdermal (Duragesic Transdermal)
		Morphine Sulfate ER (Kadian®)	Morphine Sulfate ER (Avinza®)
		Morphine Sulfate ER (Generic)	Morphine Sulfate ER/Naltrexone (Embeda®)
		Tramadol ER (Generics only)	Oxycodone ER
			Oxycodone ER (Oxycontin®)
			Oxymorphone ER (Opana ER®)
			Tramadol ER (Ryzolt®)
			Tramadol ER (Ultram ER®)
	Nonsteroidal Anti - Inflammatories (NSAIDs)	Diclofenac	Celecoxib (Celebrex®)
		Etodolac	Diclofenac/Misoprostol (Arthrotec®)
		Fenoprofen	Diclofenac Potassium (Zipsor®)
		Flurbiprofen	Nabumetone

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

	Nonsteroidal Anti - Inflammatories	Ibuprofen Rx		
	(NSAIDs), Cont.	Indomethacin Oral and Rectal		
		Ketoprofen		
		Ketorolac		
		Meclofenamate Sodium		
		Meloxicam		
		Naproxen Rx		
		Oxaprozin		
		Piroxicam		
		Sulindac		
		Tolmetin Sodium		
	Immunomodulators and Related Agents for Arthritis	Adalimumab (Humira®)	Abatacept (Orencia®)	
		Etanercept (Enbrel®)	Alefacept (Amevive®)	
			Anakinra (Kineret®)	
			Certolizumab Pegol (Cimzia®)	
			Golimumab (Simponi®)	
			Infliximab (Remicade®)	
	Antimigraine Agents,	Rizatriptan (Maxalt®, Maxalt MLT®)	Almotriptan (Axert®)	
	Triptans	Sumatriptan (Imitrex® Injection-Brand only)	Eletriptan (Relpax®)	
		Sumatriptan (Imitrex® Nasal –Brand only)	Frovatriptan (Frova®)	
		Sumatriptan (Imitrex® Oral – Brand only)	Naratriptan (Amerge®)	
		Sumatriptan/Naproxen (Treximet®)	Sumatriptan Injection – Generic only	
			Sumatriptan Nasal – Generic only	
			Sumatriptan Oral – Generic only	
			Zolmitriptan (Zomig, Zomig ZMT®)	
			Zolmitriptan (Zomig® Nasal)	
	Skeletal Muscle Relaxants	Baclofen	Carisoprodol (Soma 250 mg®)	
		Carisoprodol	Cyclobenzaprine (Fexmid®)	
		Carisoprodol Compound	Cyclobenzaprine ER (Amrix®)	

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

	Skeletal Muscle Relaxants, Cont.	Chlorzoxazone	Dantrolene Sodium
		Cyclobenzaprine	Metaxalone (Skelaxin®)
		Methocarbamol	Orphenadrine
		Tizanidine – Generics only	Orphenadrine Compound
			Tizanidine (Zanaflex® - Brand Only)
24	PARKINSON'S		
	Antiparkinson Agents -	Benzotropine	Bromocriptine
	Anticholinergic and Other	Levodopa/Carbidopa	Entacapone (Comtan®)
		Levodopa/Carbidopa/Entacapone (Stalevo®)	Levodopa/Carbidopa ODT
		Ropinirole	Pramipexole (Mirapex®)
		Selegiline	Rasagiline (Azilect®)
		Trihexyphenidyl	Ropinorole ER (Requip XL®)
			Selegiline (Zelapar®)
			Tolcapone (Tasmar®)
25	SEDATIVE/HYPNOTICS		
	Sedative/Hypnotics	Chloral Hydrate	Estazolam
		Temazepam	Eszopiclone (Lunesta®)
		Triazolam	Flurazepam
		Zaleplon	Quazepam (Doral®)
		Zolpidem	Ramelteon (Rozerem®)
			Zolpidem Sublingual (Edluar®)
			Zolpidem CR (Ambien CR®)
26	UROLOGY		
	INCONTINENCE		
	Bladder Relaxant Preparations	Darifenacin (Enablex®)	Oxybutynin ER
		Fesoterodine Fumarate (Toviaz®)	Oxybutynin Gel (Gelnique Transdermal®)
		Oxybutynin	Oxybutynin Transdermal (Oxytrol®)
		Solifenacin (VESIcare®)	Tolterodine (Detrol®)
			Tolterodine ER (Detrol LA®)

Prior Authorization PDL Implementation Schedule

02/26/2010

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2010
----------	-------------------------------	--------------	------------------------	----------------------------------

	Bladder Relaxant Preparations, Cont.		Trospium (Sanctura®)	
			Trospium (Sanctura XR®)	
	PROSTATE			
	Benign Prostatic Hyperplasia Treatment (BPH)	Alfuzosin (Uroxatral®)	Doxazosin XL (Cardura XL®)	
		Doxazosin	Dutasteride (Avodart®)	
		Finasteride	Silodosin (Rapaflo®)	
		Tamsulosin (Flomax®)		
		Terazosin		